

Community DoL

1.2 Representative Referral Form



In making this referral, we assume you are preparing an **application to the Court of Protection** for a **Community DoL** because the person:

- is living somewhere other than a care home or hospital
- is not free to leave and is subject to complete or continuous supervision and control
- has been assessed as lacking capacity to consent to this
- does not have a friend or family member who can take on the role

The current care and support plan and draft COP11 (if available) should be attached to this referral.

Depending on the geographical location of your client, you may be asked to complete a Spot Purchase Agreement for payment of our work.

If this is not the case, please call us on 0330 440 9000 and ask to speak to the local team.

0 Office Use Only

Case reference	Date referral received
Advocacy service referred to	Advocate/Team

1 Referrer Details

Date of referral	Organisation
First Name	Last Name
Address	Postcode
	Telephone Number
Email Address	Mobile Number

1 Referrer Details cont.

Job Title/Relationship to Client

Social Worker

Social Work Assistant

Team Manager (Social Care)

Care Manager

Administrator

Other (please specify)

2 Client Details

Title

Date of Birth

First Name

Last Name

Permanent Address

Postcode

Telephone Number

Email Address

Mobile Number

Current Address (if different from above)

Postcode

Telephone Number

Location Setting

Own home

Own home (with support)

Supported Living

Hospital

Care/Nursing Home

Dementia Ward

Acute Psychiatric Ward

Forensic Secure Unit

Prison

Homeless

No fixed abode

Other (please specify)

2 Client Details cont.

Preferred method of contact

Any	Phone	Mobile
SMS (Text)	Email	Post
No Direct Contact		

Is English Spoken?

Yes No Not known

Primary Communication Method

Spoken English	Other spoken language (specify below)
Words/Pictures/Makaton	Gestures/Expressions/Vocalisations
British Sign Language (BSL)	No Obvious Means
Not known	
Other (please specify other spoken languages here)	

Does the client identify as having a disability?

Yes No Not known Prefers not to say

Does the client have a diagnosed or recognised disability? (select all that apply)

Mental Health Condition	Acquired Brain Injury	Serious Physical Illness
Physical Disability	Learning Disability	Cognitive Impairment
Sensory (Visual)	Sensory (Auditory)	Dementia/Alzheimer's
Asperger's/Autistic Spectrum Condition		Unconsciousness
Other (please specify)		

Is there one disability which is most relevant to the case? (If there is not, leave blank)

Mental Health Condition	Acquired Brain Injury	Serious Physical Illness
Physical Disability	Learning Disability	Cognitive Impairment
Sensory (Visual)	Sensory (Auditory)	Dementia/Alzheimer's
Asperger's/Autistic Spectrum Condition		Unconsciousness

2 Client Details cont.

Military Connection

Serving
No

Veteran
Not known

Carer relationship
Prefers not to say

Gender

Male
Trans (Female to Male)
Other (please specify)

Female
Not known

Trans (Male to Female)
Prefers not to say

Sexual Orientation

Lesbian
Bisexual
Prefers not to say
Other (please specify)

Gay Man
Questioning

Heterosexual
Not known

Marital/Civil Partnership Status

Single
Civil Partnership
Widowed
Prefers not to say

Co-habiting
Divorced/Dissolved
Surviving (Civil Partnership)

Married
Separated
Not known

Belief

Buddhist
Jewish
No Religion
Other (please specify)

Christian
Muslim
Not known

Hindu
Sikh
Prefers not to say

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2 Client Details cont.

Ethnicity

Asian/Asian British

Indian Pakistani
Chinese Bangladeshi
Other (please specify)

Black/Black British

African
Caribbean
Other (please specify)

White

British
Irish
Gypsy/Traveller
Other (please specify)

Mixed

White & Black Caribbean
White & Black African
White & Asian
Other (please specify)

Other

Arab
Other (please specify)

Not known
Prefers not to say

Does the client identify as Cornish?

Yes No Not known

3 Case Details

Is this a first referral or a renewal?

First Renewal

Which have been attached? (these should both be attached if available)

Care and Support Plan COP 11

If there are any risks we should be aware of, please give details below otherwise state 'no known risks'

3 Case Details cont.

Who should we contact to make arrangements to visit the client?

Name Role

Email Phone

In preparing court application, the 1.2 Rep will expect to:

- have initial discussion with professionals and visit the client
- attend a Best Interests meeting (N.B. if this has already taken place, the 1.2 Rep should be provided with the minutes and most recent care and support plan)
- prepare a COP24 Witness Statement
- prepare the COP11 Annex C

Frequency of visits, if required, whilst awaiting the Court Order:

Whilst the Court Order is in place, the rep will visit every 6-8 weeks. Please enter an alternative frequency if required.

Around 8 weeks prior to the end of the Court Order, the 1.2 Rep will notify the applicant authority that a further referral is needed to begin the renewal work and a new case will be created.

4 Declaration

In making this referral, I declare that:

- I wish to instruct a Community DoL/1.2 Rep.
- I am providing this information and making this referral in relation to the Mental Capacity Act 2005.
- In accordance with current Data Protection legislation, I agree to **The Advocacy People** and their delivery partners holding personal information (including information on this form).
- I understand the provision of an advocacy service is subject to the client meeting eligibility criteria.

Please email the completed form to: info@theadvocacypeople.org.uk
or post to: P.O. Box 375, Hastings, TN34 9HU

If you have not received confirmation of this referral within **2 working days**, or you would like to discuss any aspects of a referral, please call **0330 440 9000**.

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By requesting advocacy support, you give consent to **The Advocacy People** sharing information, as required for the purposes of providing the service.

For more information on our Privacy Notice, please ask your advocate or go to www.theadvocacypeople.org.uk/privacy

Confidentiality

Communications between you and **The Advocacy People** are confidential. We will not divulge any information without your permission unless disclosure is required or permitted by law, e.g. where you tell us something which leads us to believe you or someone else may be at risk of serious harm or abuse or committing a serious criminal offence, where there is a court order for disclosure, or where we would be breaking the law by failing to disclose.

The Advocacy People